

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2007 08:00 AM
Secretary of State

DOCUMENT # P96000011492 1. Entity Name BUTLER'S METAL REFINISHING, INC.	
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Principal Place of Business
1500 W PLATT ST
TAMPA, FL 33606 US

Mailing Address
1500 W PLATT ST
TAMPA, FL 33606 US



04142007 No Chg-P CR2E034 (1/1/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0640525

Applies For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

8. Name and Address of Current Registered Agent

PIEDRA, HARRY E JR.
16204 PEBBLEBROOK DRIVE
TAMPA, FL 33624

**DO NOT WRITE
IN THIS SPACE**

9. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when resigning)

Date

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY- ST- ZIP	P PIEDRA, HARRY E JR. 16204 PEBBLEBROOK DRIVE TAMPA, FL 336241025
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VP PIEDRA, VALLIS 16204 PEBBLEBROOK DRIVE TAMPA, FL 336241025
TITLE NAME STREET ADDRESS CITY- ST- ZIP	T PIEDRA, NICOLE D 16204 PEBBLEBROOK DRIVE TAMPA, FL 336241025
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05/11/07-80009-013 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/07

Daytime Phone #